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## \*BIBDATASHEET\*

CONFIRMATION NO. 7233

Bib Data Sheet

SERIAL NUMBER 10/054,563	FILING DATE 01/22/2002  RULE	CLASS 707	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. CAS 01-1-2
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## APPLICANTS

Michael E. Garrean, Omaha, NE;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/332,823 11/14/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

Yes *JB*  
 None *JB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 02/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NE	SHEETS DRAWING 2	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature <i>Jerry [Signature]</i> Initials <i>JB</i>				

## ADDRESS

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## TITLE

System and method for identifying records with valid address, but invalid name information

FILING FEE  RECEIVED 616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 7233

<b>SERIAL NUMBER</b> 10/054,563	<b>FILING DATE</b> 01/22/2002 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2621	<b>ATTORNEY DOCKET NO.</b> CAS 01-1-2	
<b>APPLICANTS</b> Michael E. Garrean, Omaha, NE;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/332,823 11/14/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/21/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 23531					
<b>TITLE</b> System and method for identifying records with valid address, but invalid name information					
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